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SUBJECT: GOVERNMENT OF KENYA'S PREPARATIONS FOR AVIAN INFLUENZA

REF: A. STATE 206588

[1B.](#) Nairobi 4829

Sensitive-but-unclassified. Not for release outside USG channels.

[11.](#) (SBU) SUMMARY: Kenya has started a comprehensive response to the threat of avian influenza. A multi-sectoral National Task Force has been established with high-level representation from the ministries responsible for human and animal health. Many of Kenya's international partners are represented on the Task Force as well, including CDC, USAID, MRU, and international organizations. The Task Force has drafted an Emergency Preparedness Plan and put forward a draft budget. The robust presence of USG agencies in Kenya is of significant assistance to this national effort. Next steps include finalizing and funding the plan and quickly implementing the activities it calls for. More broadly, Kenya needs to develop a more robust monitoring system for possible influenza outbreaks in both humans and birds. Key new members of President Kibaki's cabinet also need to be brought up to speed. End summary.

#### KENYAN RESPONSE TO AVIAN INFLUENZA THREAT

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[12.](#) (U) NATIONAL PLANNING AND COORDINATION. The first high-level GOK meeting on avian influenza (AI) took place on 26 October 2005. Participants included the Permanent Secretaries of the Ministry of Health (MOH) and the

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Ministry of Livestock and Fisheries Department (MOLFD), and representatives from the National Disaster Response Unit in the Office of the President. This group established the Kenya Avian Influenza National Task Force (the NTF).

[13.](#) (U) NATIONAL AI TASK FORCE. The NTF has met regularly since October, with the senior technical representatives of the MOLFD and the MOH serving as co-chairs. (Note: Disaster management experts from the National Disaster Response Unit do not currently participate in Task Force meetings. End note.) About 20 people from government routinely attend. The Task Force also includes representation from international organizations, research groups, civil society, and the private sector. Mission agencies -- Centers for Disease Control/Kenya (CDC), U.S. Army Medical Research Unit Kenya (MRU), and USAID regularly attend these meetings. Task Force members have attended AI meetings in Kigali, Arusha, and Geneva. Task Force co-chairs are responsible for major public announcements and have expressed their commitment to open reporting.

**¶4. (U) TASK FORCE SUBCOMMITTEES.** At the first meeting of the Task Force, six subcommittees were established to plan the various components of Kenya's response. These are: (1) surveillance and epidemiology (both animal and human monitoring); (2) laboratory and research facilities; (3) information, education, communication, and mobilization (to increase awareness); (4) infection prevention and control (including quarantining and/or culling); (5) case management and clinical guidelines (for human infection); and (6) coordination and resource mobilization. These subcommittees have been able to secure the participation of senior Kenyan professionals in each area and have met regularly.

**¶5. (U) EMERGENCY PREPAREDNESS AND RESPONSE PLAN.** The Task Force has recently completed a draft National Strategic Emergency Preparedness and Response Plan for Avian Influenza (EPP). This includes goals and objectives of each component represented by a subcommittee and fairly detailed, short-term (6-month) work plans and budgets. The Task Force is also working on medium-term (6 months to 2 years) and long-term (2-5 year) plans and budgets. Two international experts sponsored by the World Bank, WHO, and FAO are currently in Nairobi and will help finalize Kenya's EPP, which will address the risk mitigation strategies outlined in reftel.

**¶6. (U) NEXT STEPS.** The Task Force plans to have the EPP reviewed and finalized in time for the global AI meeting in China in mid-January 2006. The GOK will concurrently look for funding from its own budget and from international partners. Planned actions include obtaining Tamiflu for "essential" workers. (No actions have been taken to date, but no obstacles to procurement by GOK are anticipated.)

**¶7. (U) USG SUPPORT TO NATIONAL PROGRAM.** The CDC and MRU both have staff and facilities in Kenya capable of advising GOK institutions and assisting with monitoring and testing of animal and human laboratory samples. Both agencies are involved with migratory bird surveillance, which has already started in collaboration with the Kenya Medical Research Institute (KEMRI), the MOLFD's Division of Veterinary Services, and the National Museums of Kenya (which host country-wide ornithological societies). USAID has used existing resources to support the formulation of the EPP and will help finance migratory bird surveillance activities. Related FY06 funding has been requested. USAID's regional office, REDSO/ESA, is considering additional support to laboratories in Kenya to serve as regional referral points, and may also support communications organizations in Kenya to create regional media campaigns. The GOK is open to regional cooperation.

Priority areas with implications for funding support

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**¶8. (SBU) HUMAN INFLUENZA SURVEILLANCE.** CDC is particularly concerned about weaknesses in surveillance for influenza in humans in Kenya and elsewhere in the region, particularly because Kenya is a major regional air, land, and maritime transit hub. The WHO strategy for local and regional containment of influenza, while awaiting production and availability of vaccines and antivirals, depends heavily upon early detection of person-to-person transmission. If an outbreak is detected early, a strategy of tight quarantine, infection control, and aggressive use of antiviral drugs (Tamiflu) could prevent rapid geographic spread, buying time for vaccine development to protect U.S. and global populations. While mechanisms for infectious disease surveillance exist in Kenya, they are still not fully developed. Funding, expertise, and prioritization would be needed to ramp-up this activity. In addition, specialized surveillance (such as detection in health care workers and school children, which will likely be sentinels for early recognition of pandemic influenza) needs to be

implemented.

**¶9. (SBU) ADDITIONAL SUPPORT FOR ANIMAL SURVEILLANCE.** Surveillance for avian influenza in birds, while ongoing, needs substantial additional support to increase the potential that introduction of H5N1 will be rapidly detected in the East Africa region. Kenya is a major wintering location for a wide range of migratory birds, most significantly from the Central Asian flyway. While no infected birds, wild or domestic, have been detected in Kenya to date, detection of the virus may help to prevent spread to large numbers of chicken flocks (which will suffer huge die-offs if the virus is introduced). Undetected virus introduction and die-offs could lead to persistence and wide prevalence of the virus in bird populations in the region which, in addition to economic implications, increases the mathematical possibility that an avian influenza strain will recombine with other circulating influenza viruses, forming a deadly, highly transmittable influenza virus with pandemic potential.

**¶10. (SBU) MISSION PREPAREDNESS.** In addition to the work of CDC, MRU, and USAID discussed above, Post's preparations for a possible AI pandemic are well under way. Post created its own multi-agency Avian Influenza Task Force (AITF) on 27 October 2005. Membership of the AITF comprises representatives from CDC (the AITF chair), USAID, MRU, RSO, DAO, the Kenya U.S. Liaison Office (KUSLO), Post's Medical Unit (Med), the Consular, Economic, Political, and Public Affairs sections, and the Front Office. The AITF meets biweekly to discuss CDC and USAID's surveillance efforts, Med's progress on stockpiling emergency medical supplies including Tamiflu, and other preparations undertaken by Post's various agencies, offices, and bureaus. The AITF also appointed a Tripwires Subgroup, which is currently finalizing Post's tripwires for submission to the Department. These tripwires and a more in-depth discussion of Post's preparations will be discussed septel.

**¶11. (U)** Post's points of contact for AI issues are: Dr. Robert Breiman at CDC Kenya (RBreiman@ke.cdc.gov) and Tim Smith (smithtg@state.gov).

Comment

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**¶12. (SBU)** As noted in ref B, to date, the GOK has been forward-looking and generally transparent in its deliberations on preparations for and possible responses to any AI outbreak in Kenya. While the political will to prepare for a possible AI pandemic exists, recent political instability following the recent referendum defeat of the Government-backed draft constitution dominates political life and will likely continue to do so for the foreseeable future. A major cabinet shake-up over the past two weeks will require new outreach by the Task Force, and possibly the international community, to educate and obtain the continued commitment of key new GOK officials, most notably in the Ministries of Health and Defense, and in the National Disaster Response Unit of the Office of the President.

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